

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED APR 15 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8907  
Registrar's No. 2390

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Enroute City Hosp #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3  
(Specify whether  
In this community unknown  
years, months or days)

3. (a) PRINT FULL NAME Fay Eva Carter

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosco 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased Dec 6<sup>th</sup> 1892  
(Month) (Day) (Year)

8. AGE: Years 47 Months 3 Days 1 If less than one day  
hr. min.

9. Birthplace Little Rock Ark  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name Lawrence Wallace

13. Birthplace Little Rock Ark  
(City, town, or county) (State or foreign country)

14. Maiden name Lula Staples

15. Birthplace Little Pine Bluff Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fay Eva Jackson  
(b) Address 2719 1/2 Dickson St

17. (a) Burial (b) Date thereof 3-13-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director J. H. Randlett Son  
(b) Address 3133 Bell Ave  
19. (a) MAR 11 1940 (b) J. F. Budich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 21  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2719 1/2 Dickson St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. native years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7<sup>th</sup>  
year 1940 hour 4:03 minute 0 M.

21. I hereby certify that I attended the deceased from  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)  
23. Signature Thos Perry (M. D. or other)  
Address 2719 1/2 Dickson St Date signed 3.8.40

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. *2498*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**